

**WATER VENDING MACHINE OPERATOR APPLICATION**

**INSTRUCTIONS:** A separate application ***submitted in duplicate*** is required ***for each place of business***. The fee for each ***renewal*** or ***new*** application in the sum indicated below payable to the **DEPARTMENT OF HEALTH SERVICES** must accompany this application. Unsigned or incomplete applications cannot be processed. **For *renewal* applications**, please indicate the license number on the top right-hand corner of your check and on this application. Please submit original and duplicate applications with the appropriate fee to:

Department of Health Services  
Food and Drug Branch  
P.O. Box 942832  
Sacramento, CA 94234-0006

2003 application fee: \$14.59 per machine **(PCA Code 85125)**

Number of machines for which license is requested: \_\_\_\_\_

Type of application (check one):    ☐ New                      ☐ Amended                      ☐ Renewal—license number: \_\_\_\_\_

Name of firm \_\_\_\_\_

DBA (if appropriate) \_\_\_\_\_

County where business is located \_\_\_\_\_

Business address (number, street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Telephone  
(       ) \_\_\_\_\_

Mailing address (if different from above) (P.O. Box/number, street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

Emergency telephone  
(       ) \_\_\_\_\_

Person responsible for operations \_\_\_\_\_

☐ Owner

☐ Operator

☐ Owner/operator

**Type of ownership**

☐ Partnership    ☐ Association    ☐ Corporation    ☐ Individual/Sole Proprietorship    ☐ Other (describe) \_\_\_\_\_

If a partnership or unincorporated association:

Name of the partnership or unincorporated association \_\_\_\_\_

Name of each partner or member \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If individual or sole proprietorship:

Name of individual or sole proprietor \_\_\_\_\_

Name of business entity (DBA) \_\_\_\_\_

If a corporation:

Name of corporation \_\_\_\_\_

Name of state of incorporation \_\_\_\_\_

Name and title of each corporate officer and corporate director \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on page 2*

**Source Water**

Water district name

**Type of water product dispensed by your machine**☐ A—Drinking    ☐ J—Purified by deionization    ☐ K—Purified by reverse osmosis    ☐ M—Other: \_\_\_\_\_

Were any changes made from the previous application (renewal application only)?

☐ Yes    ☐ No

If yes, please explain:

**For renewal application only:**

Do you have records of required coliform and dissolved solids analyses available at each service location?

☐ Yes    ☐ No

If no, explain on a separate sheet.

Do you have records of consumer complaints and their resolution at each service location?

☐ Yes    ☐ No

If yes, explain on a separate sheet.

|   |                        |                 |
|---|------------------------|-----------------|
| Water machine serial number (use separate sheet if necessary) | Manufacturer           | Model Number    |
| Name of evaluation certification agency*                      | Certificate issue date | Expiration date |

\* In order to receive a license from this Department, you must submit a copy of the certificate obtained from National Automatic Merchandising Association (NAMA), Chicago, Illinois.

The Food and Drug Branch **must be notified immediately** of any change in the above information. If any changes were made, explain on a separate sheet.

Under penalty of perjury, under the laws of the State of California, the person whose signature appears below certifies and says that: (1) he/she is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant's business to be conducted under the license for which this application is made; and (4) all supplemental statements are true and accurate.

|                        |                    |
|------------------------|--------------------|
| Signature of applicant | Date               |
| Print Name             | Title of applicant |

## PROCEDURE FOR OBTAINING A WATER VENDING MACHINE OPERATOR'S LICENSE

California Health and Safety Code (H&SC) Sections 111070 through 111195 include provisions that require water vending machine (WVM) operators in California to obtain a license issued by the Department of Health Services' Food and Drug Branch (FDB). The following describes what you must do to help us issue your license as quickly as possible. Please submit:

1. A completed application form in duplicate together with the required fee per WVM (nonrefundable). The license is valid for one calendar year and expires on December 31. Any incomplete and/or illegible application will be RETURNED to the applicant, which would result in a significant delay in the processing of the application.
2. An evaluation certificate (for each WVM) from an independent authority approved by FDB (at present, FDB accepts certificates from the National Automatic Merchandising Association (NAMA); telephone (312) 346-0370). Copy of coliform test results (and test results for total dissolved solids if the WVM dispenses "Purified Water").
3. A list of machine locations and the source water (see the sample format\* below).
4. Proof (e.g. color photographs) that the subject vending machine(s) displays the following information as required by H&SC Sections 111170(c) and 111175(a): (1) product type/name; (2) name and address of the operator; (3) the fact that the water is obtained from an approved public water supply; (4) treatment process; (5) if no treatment is utilized a statement to that effect; and (6) phone number that may be called for further information, service, or complaints.

**NOTE: Each product dispensed by a WVM must be sampled and analyzed for coliform organisms at least once every six months. If the WVM dispenses "purified water," the water must also be tested for total dissolved solids each time the WVM is serviced (H&SC Section 111145).**

### Sample Format

| Vending Machine Location | Vending Machine Manufacturer | Model Number | Serial Number | NAMA Certificate Number | Municipal or Public Water District Name, Address, and Telephone Number |
|--------------------------|------------------------------|--------------|---------------|-------------------------|--|
|                          |                              |              |               |                         |  |
|                          |                              |              |               |                         |  |
|                          |                              |              |               |                         |  |